

No. 300  
10-44

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10923**

**MAR 20 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 676

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Clayton

c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood

d. FULL NAME OF HOSPITAL OR INSTITUTION O.A. St. Louis County Hospital

d. STREET ADDRESS (If rural, give location) 187 W. Washington

3. NAME OF DECEASED  
a. (First) William Loures  
b. (Middle) AKA  
c. (Last) Vassilios Loures

4. DATE OF DEATH (Month) (Day) (Year)  
March 7, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Oct. 12, 1893

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.)  
58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kiaton, Corinth, Greece

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 489-12-7331

17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Poulakidas, 7402 Hazel Ave.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
INTERVAL BETWEEN ONSET AND DEATH Just  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) unknown  
DUE TO (c) unknown  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug., 1947, to 7 March, 1952, that I last saw the deceased alive on March, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.A. Bennett, M.D.

23b. ADDRESS 243 W. Jefferson, Kirkwood

23c. DATE SIGNED 3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-13-52

24c. NAME OF CEMETERY OR CREMATORY St. Matthews

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 3-13-52

REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd

SW (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2009

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Wm. Dunblay* .....

Licensed Embalmer No. *3653*

P. O. Address *M. Lewis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.